


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90448 001 \*2,850.00

DOCUMENT # F93000005692					
1. Entity Name BANNON CORPORATION					
Principal Place of Business ONE BUSCH PL. ST. LOUIS, MO 63118		Mailing Address CORPORATE TAX DEPT. ONE BUSCH PLACE ST. LOUIS, MO 63118 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-1663511	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRABE, DAVID		NAME		
STREET ADDRESS	ONE BUSCH PL.	SCHEDULE ATTACHED	STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63118		CITY-ST-ZIP		
TITLE	VPTC	<input checked="" type="checkbox"/> Delete	TITLE	V/TC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTAGNO, JOHN D		NAME	GELNER, DENNIS J	
STREET ADDRESS	ONE BUSCH PL.		STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS, MO 63118		CITY-ST-ZIP	ST LOUIS MO 63118	
TITLE	ASD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, PAUL B		NAME		
STREET ADDRESS	ONE BUSCH PL.		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63118		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTZ, JOHN C. J		NAME		
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63118		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMINS, WILLIAM J.		NAME		
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63118		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, LAURA H.		NAME		
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63118		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Dennis J Gelner</i>		DENNIS J GELNER		314/577-7996	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		VP & TAX CONTROLLER		Date	
				2/20/06	
				Daytime Phone #	

66005620



02152006 Chg-P CR2E034 (11/05)

# ATTACHMENT

Officers and Directors <sup>66005620</sup>  
# F9300000 5692

## Bannon Corporation

Principal Place of Business: One Busch Place  
St. Louis, MO 63118

<u>Officer</u>	<u>Title</u>
David J. Grabe	President
John C. Martz Jr.	Vice President
William J. Kimmins Jr.	Vice President and Treasurer
Dennis J. Gelner	Vice President and Tax Controller
Laura H. Reeves	Secretary
Paul B. Powers	Assistant Secretary
Mark A. Rawlins	Assistant Treasurer

<u>Director</u>	<u>Title</u>
Stephen M. Frein	Director
David J. Grabe	Director
Paul B. Powers	Director